



State of Michigan  
Talent Investment Agency  
**UNEMPLOYMENT INSURANCE AGENCY**  
www.michigan.gov/uia



## Authorization to Release Confidential Information

Section 11(b) of the Michigan Employment Security (MES) Act provides that information in the files of the Michigan Unemployment Insurance Agency (UIA) is confidential, and that information regarding a claim for unemployment benefits or wages, may only be released to the claimant and/or employer involved in the claim, to the partially chargeable employer involved in the claim, or the employer directly involved in a possible ineligibility or disqualification of a claimant who paid the wages. Information may also be released to other departments of this state and to certain federal agencies. This Form allows you to give your permission for the release of the specifically described information to the specifically described entity for the specified purpose. The purpose specified in the release shall be limited to a service or benefit to the individual signing the release or carrying out administration or evaluation of a public program to which the release pertains.

**Interested parties and/or their representative(s) may obtain records for UIA proceedings at no cost. To avoid receiving an invoice for documents received, your request must include a statement that you are, or that you represent the claimant or employer, and that you are requesting records in connection with a protest or appeal. If you are a representative and have an appearance on file, please attach a copy of your appearance.**

Release requested by: ☐ Claimant ☐ Employer ☐ Other: \_\_\_\_\_

Name: _____		Address: _____	
(Please Print) Last name	First	MI	City Zip Code
Telephone number: _____		Social Security Number: _____	
Name of Business: _____		Address: _____	
		City	Zip Code
Telephone number: _____		UIA Account number: _____ FEIN: _____	

**List all the other individuals and entities to whom the UIA information requested will be redisclosed:**

Name: \_\_\_\_\_ Company/Organization/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City Zip Code

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Name: \_\_\_\_\_ Company/Organization/Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
City Zip Code

**Indicate the specific purpose for which the information is sought:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specify information and time period (up to 8 quarters for wages) to be released:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Your Authorization to Release Your Information

I, \_\_\_\_\_, authorize the UIA to release the information  
(Printed name of worker or employer)

described above. This information will only be used for the purpose indicated. I understand that, except as provided in the law, the information shall not be used in any action or proceeding before any court or administrative tribunal unless the Agency is a party to, or a complainant in, the action or proceeding, or unless used for the prosecution of fraud, civil proceeding, or other legal proceeding in the programs indicated in Section 11(b)(2) of the MES Act. Any person who willingly violates the provisions of this Act is subject to the penalty provisions of *Michigan Compiled Laws* (MCL) 421.54.

\_\_\_\_\_  
Signature of Worker/Employer

-Or-

\_\_\_\_\_  
Signature of Worker's/ Employer's Authorized Representative A copy of your appearance must be attached otherwise records will not be released.

\_\_\_\_\_  
Date:

If you have any questions about this Form contact the UIA at 1-313-456-3435 (TTY customers use 1-866-366-0004).

**For additional information contact:** Unemployment Insurance Agency  
FOIA Coordinator  
3024 W. Grand Blvd., Suite 13-600  
Detroit, MI 48202  
**Fax:** 1-313-456-2316